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Box Patent Application

Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: CLEON LOUIS GRIFFITHS

Applicant #2, Name:

Title: SECURE CONDOM

Specification, Claims, and Abstract: Nr. of Sheets 13

Declaration: Date Signed: April 3, 2001

Drawing(s): Nr. of Sheets Enc.: Formal: ✓ Informal: 1

Small Entity Declaration of Inventor(s) SED of Non-Inventor / Assignee / Licensee

Assignment enclosed with cover sheet and recordal fee; please record and return.

Check for \$ 395.00 for:

\$ 395.00 for filing fee (not more than three independent claims and twenty total claims are presented).

\$ _____ additional if Assignment is enclosed for recordal

Disclosure Document Program reference letter.

Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____ filed _____.

Return Receipt Postcard Addressed to Applicant #1.

Request Under MPEP § 707.07(j): The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Cleon L Griffiths

Applicant #1 Signature

Applicant #2 Signature

10080 WEST 8TH PLACE

Address (Send Correspondence Here)

Address

LAKWOOD, COLO 80215

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Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

Fee Transmittal

First-Named Applicant Cleon Louis Griffiths - INVENTOR
Title of Invention: " SECURE CONDOM "

Total Payment Enclosed (From Calculation Below): \$ _____ Check Money Order

Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	<u>395.00</u>
201	Basic Utility Appn. Filing Fee	<u>395.00</u>
206	Basic Design Appn. Filing Fee	_____
Subtotal (1)		_____
203	Total Claims: _____ - 20 = _____ ; X _____ (fee for each claim over 20) = _____	_____
202	Tot. Indep. Claims _____ - 3 = _____ ; X _____ (fee for each indep. claim over 3) = _____	_____
Subtotal (2)		_____
Total Payment Enclosed [Sum of Subtotals (1) and (2)]		<u><u>395.00</u></u>

Very respectfully,

Cleon Louis Griffiths
Signature of First-Named Applicant

Cleon Louis Griffiths
Print Name of First-Named Applicant
10080 W. 8TH PLACE
Address LAKewood, COLO. 80225
U.S.A.